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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-20-16
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number: **030320177026**

This letter is in response to your Freedom of Information Act (5 U.S.C. § 552) request of 3/2/2017 which you sent to the Centers for Medicare & Medicaid Services (CMS). Within your correspondence you sought:

1. Plain Language Style guide
2. Toolkit for Making Written materials Clear and Effective
3. Web Writing Style Guide
4. YouTube User Guide
5. Twitter User Guide.

Our agency initiated a search for records falling within the scope of your request, and located 28 pages of responsive documents. We are releasing those documents to you in their entirety, without deletions.

As for portion #2 of your request I have been advised by a CMS Component that the material requested is publically available on the following website: <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html>.

If you would like to discuss our response, you may contact Jonathan Zerislassie at (410) 786- 6498 OR the CMS FOIA Public Liaison for assistance at:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
500 Security Boulevard, Room N2-20-16
Baltimore, MD 21244

E-mail: FOIA_Request@cms.hhs.gov
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If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road-OGIS
College Park, MD 20740-6001

Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Sincerely yours,

A handwritten signature in black ink that reads "Joseph Tripline". The signature is written in a cursive, flowing style.

Joseph Tripline
Director, Division of FOIA Analysis – A
Freedom of Information Group

Enclosure

Plain Language Style Guide

Use the rules and concepts in this guide to help our writing be consistent and accurate.

| | |
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General Terms (use X, instead of Y)

In general, the terms highlighted in the “Use” column should be used (over those in the “Instead of” column) for plain language purposes.

| Use | Instead of |
|---------------------|--|
| About | In relation to, with regard to |
| Because | Due to the fact that |
| Do | Implement |
| email | e-mail, E-mail |
| Get, got | Receive, received |
| Help | Facilitate |
| Like | Such as |
| Internet | internet |
| Limits | Parameters |
| Method | Methodology |
| Needs | Necessitates |
| Personalized | Customized, individual, one-on-one, person-to-person |
| Phone | Telephone |
| To | In order to |
| Use | Utilize |
| Visit URL | On the Internet, on the web, online |
| website | Website, Web site, web site |

CMS-related Terms (use X, instead of Y)

In general, this guide includes preferred terms and language for **consumer** materials. In some instances, language for partner or provider products may include more advanced terminology. (In a few isolated instances, this guide does include specific terminology recommendations for partner materials, as noted.)

Although the terms and language in the “Use” column may not be in the simplest form, we use them for CMS-related terms and language because of best practices, consumer testing, etc. This list is constantly expanding.

| Use | Instead of |
|--|---|
| <p>1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>Subsequent references: 1-800-MEDICARE.</p> <p>On Medicare.gov, use the 1-800-MEDICARE minimally (and without TTY references), as users should be able to find what they need on the website.</p> | 1-800-MEDICARE, 1-800-Medicare |
| American Indian/Alaska Native | Native American |
| Apply | Enroll, join |
| Note: Use this when talking about getting Extra Help. Different than “Join;” see entry. | |
| Appointed representative | Authorized representative, legal representative |
| Automatically qualify for Extra Help | Automatically eligible, deemed eligible |
| Blood glucose (blood sugar) | Blood sugar |
| Subsequent references: blood glucose. | |
| Children’s Health Insurance Program (CHIP) | State Children’s Health Insurance Program (SCHIP) |
| Clinical research study | Clinical trial |
| Companies that handle bills for Medicare | Carriers, DMERCs, FIs, MACs |
| Coverage gap (also called the “donut hole”) | Coverage gap (also called the “doughnut hole”), doughnut hole |
| Subsequent references: coverage gap or gap coverage. | |
| Covered | Free |
| Definitions | Words to Know |
| Digital media | New media |
| Doctor | Physician |
| email | e-mail, E-mail |
| “Electronic Medicare Summary Notice (eMSN) | |
| Subsequent references: eMSN. | |
| Electronic prescribing | ePrescribing |
| Note: “prescribing electronically” is also correct. | |
| eHandbook | e-Handbook, E-Handbook |
| eNewsletter | eNewsletter, E-Newsletter |

| Use | Instead of |
|--|--|
| <p>End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)</p> <p>Subsequent references: ESRD</p> | End-stage Renal Disease |
| <p>Eastern time (ET)</p> | Eastern Standard Time (EST), Eastern Daylight Time (EDT) |
| <p>Extra Help or Extra Help paying for prescription drugs</p> <p>Note: “Extra Help paying for prescription drugs” is also correct.</p> | <p>Limited-income subsidy, LIS, Low-income subsidy</p> <p>Exception: “Low-income subsidy” can be used in the first reference to Extra Help in partner products.</p> |
| <p>“Evidence of Coverage” (EOC)</p> <p>Subsequent references: EOC.</p> | Evidence of Coverage |
| <p>Health care</p> | Healthcare |
| <p>Health care provider</p> | Physician |
| <p>Help from Medicaid paying your Medicare Part A and/or Part B premiums</p> <p>Note: Use this when referencing the Medicare Savings Programs without linking to how a person qualifies for LIS.</p> <p>Help from Medicaid paying your Medicare Part B premiums</p> <p>Note: Use this when a reference to the Medicare Savings Programs is linked to how a person qualifies for LIS.</p> | <p>MSP, Help paying your premiums</p> <p>Note: It’s okay to use “Medicare Savings Programs” in some instances, but it should always include the explanatory language “help from Medicaid...”</p> |
| <p>Hospice benefit period</p> | Hospice period of care |
| <p>Income and resources</p> | Income and assets |
| <p>Indian health care provider</p> | HIS/Tribal/Urban Indian Health Programs (ITUs) |
| <p>Join</p> <p>Note: Use this when talking about getting a plan. Different than “Apply;” see entry.</p> | Enroll, apply |
| <p>Limited income and resources</p> | Low income and assets |
| <p>Listserv</p> <p>Note: Whenever possible, in beneficiary products, use more general language, like “Sign up for email updates.”</p> | List-serve, list-serv, Listserve |
| <p>Long-term care facility, like a nursing home</p> <p>Note: Whenever possible, simply use “nursing home.” Use this phrase only when you need to more broadly reference long-term care facilities.</p> | Institutional care, long-term care |
| <p>Medicaid</p> | State Medical Assistance (Medicaid) office, State medical assistance office, State Medical Assistance Office |
| <p>Medicare</p> | CMS, Medicare Program |
| <p>Medicare-covered services</p> | Medicare-covered benefits, Hospital and Physician Services, Part A and Part B benefits |
| <p>Medicare Advantage Plans (like an HMO or PPO)</p> <p>Subsequent references: Medicare Advantage Plans.</p> | Medicare Advantage Plans (like a Medicare Health Maintenance Organization or Medicare Preferred Provider Organization) |

| Use | Instead of |
|--|--|
| <p>Medicare’s Limited Income NET (Newly Eligible Transition) Program</p> <p>Subsequent references: Medicare’s Limited Income NET Program.</p> | <p>The Limited Income NET Program</p> |
| <p>Medicare number</p> | <p>Medicare claim number, Medicare ID number, HICN</p> <p>Note: only use “Medicare claim number” when referencing people to look at their Medicare cards (for example, for online bill pay.)</p> |
| <p>Medicare Part A (Hospital Insurance)</p> <p>Subsequent references: Part A.</p> | <p>Part A (Hospital), Medicare Part A (hospital insurance)</p> |
| <p>Medicare Part B (Medical Insurance)</p> <p>Subsequent references: Part B.</p> | <p>Part B (Medical), Medicare Part B (medical insurance)</p> |
| <p>Medicare Part A and Part B</p> | <p>Medicare Parts A and B</p> |
| <p>“Medicare Summary Notice” (MSN)</p> <p>Subsequent references: MSN.</p> | <p>Medicare Summary Notice</p> |
| <p>Medicare Supplement Insurance (Medigap) policy</p> <p>Subsequent references: Medigap policy.</p> | <p>Medigap policy</p> |
| <p>Mental health condition</p> <p>Note: Use this whenever possible to refer to mental illnesses or mental health issues. Use “mental illness” only when there is a specific need to reference mental illness. Whenever possible, use “mental health condition” instead.</p> | <p>Mental disorder, mental health illness, mental illness</p> |
| <p>Military retirees</p> <p>Note: Use this when referencing people who are eligible for TRICARE. Not all Veterans are eligible for TRICARE; military retirees are Veterans and are eligible for TRICARE. Different than “people with TRICARE,” see entry.</p> | <p>Veterans</p> |
| <p>Must apply for Extra Help</p> | <p>Non-deemed, not deemed</p> |
| <p>Office of Inspector General</p> | <p>Office of the Inspector General</p> |
| <p>Open Enrollment Period</p> | <p>Annual Open Enrollment Period, fall open enrollment period, annual election period</p> |
| <p>Pap Test</p> | <p>Pap Smear, pap test</p> |
| <p>Part A and Part B</p> | <p>Parts A and B</p> |
| <p>Pay you back</p> | <p>Reimburse</p> |
| <p>People with disabilities</p> | <p>Disabled persons, the disabled</p> |
| <p>People with limited income and resources</p> | <p>Low-income beneficiaries, low-income people</p> |
| <p>People with Medicare</p> <p>Note: Use this when writing partner products (instead of using terms such as “I” or “you”).</p> | <p>Medicare beneficiaries</p> |
| <p>People with Medicare and Medicaid</p> | <p>Dual eligibles</p> |

| Use | Instead of |
|---|---|
| <p>People with TRICARE</p> <p>Note: Use this when referencing all people who will be impacted by the need to purchase Medicare Part B when they transition to Medicare. “People with TRICARE” includes not only military retirees, but their spouses as well. Different than “Military retirees;” see entry.</p> | Military retirees, TRICARE beneficiaries |
| People with diabetes | Diabetic |
| Personalized | Individual (counseling), customized, one-on-one, person-to-person |
| Phone | Telephone |
| <p>Pneumococcal shot</p> <p>Note: Use with “helps prevent pneumococcal infections (like certain types of pneumonia).”</p> | Pneumonia shot |
| Preventive services | Preventative services |
| [call the] Railroad Retirement Board (RRB) at 1-877-772-5772 | [call the] Railroad Retirement Board (RRB) at 1-800-808-0772 |
| Resubmit | Re-submit |
| <p>Select</p> <p>Note: Use when referring to selecting items online.</p> | Click |
| <p>Shot</p> <p>Note: Use when referring to a specific dose. See “vaccine” for correct use of that term.</p> <p>Example: “Medicare drug plans must cover all commercially available vaccines (like the shingles shot) when medically necessary to prevent illness.”</p> | Vaccine |
| <p>Sign up</p> <p>Note: Use when talking about signing up for Part A and/or Part B.</p> | |
| Social Security | Social Security Administration, SSA |
| <p>Social Security number (SSN)</p> <p>Subsequent references: SSN.</p> | Social Security Number |
| Special Needs Plans | Specialty Plans |
| Telehealth | Telemedicine |
| TTY users should call 1-877-486-2048. | TTY/TDD: 1-877-486-2048. |
| Undocumented immigrants | Aliens, illegal immigrants |
| U.S. | United States |
| <p>Vaccine</p> <p>Note: Use when it’s part of a policy statement. See “shot” for correct use of that term.</p> <p>Example: “Medicare drug plans must cover all commercially available vaccines (like the shingles shot) when medically necessary to prevent illness.”</p> | Shot |
| “Welcome to Medicare” preventive visit | “Welcome to Medicare” physical exam |
| Wheelchair user | Wheelchair bound |

| Use | Instead of |
|---|---|
| <p>URL.gov/.com HealthCare.gov Medicare.gov MyMedicare.gov</p> <p>Note: Eliminate the “www.” whenever possible; be sure to test to see if a URL works without it.</p> <p>Note: Use only lowercase letters in URLs. Example: Medicare.gov/nhcompare.</p> <p>Exception: Use sentence case when part of the website’s branding (i.e. MyMedicare.gov).</p> <p>Note: When linking to a website, in a .pdf link to the website name, but on the web, link the title (unless the website is branded by the URL).</p> | <p>http://www.URL www.healthcare.gov www.medicare.gov, medicare.gov www.MyMedicare.gov</p> |
| socialsecurity.gov | ssa.gov |
| Yearly “Wellness” visit | Annual “Wellness” exam, annual “wellness” visit, yearly “Wellness” exam |
| Your share of the cost, or What you pay | Coinsurance (percentage), copay (set amount), cost sharing, out of pocket costs, your share/our share |

Specific language

| Use | Instead of |
|---|---|
| Any personal information you enter into the Medicare Plan Finder will be erased if you hit the back button. This feature helps to keep your personal information safe. | Note: Use your judgment to determine whether this is appropriate for a particular pub. |
| From October 15-December 7 each year | From October 15 th and December 7 th each year From October 15 and December 7 each year Between October 15-December 7 each year |
| Note: This terminology is for joining/changing Medicare prescription drug coverage. See below for enrollment language for MA plans. | |
| If you have Original Medicare... If you have a Medicare Advantage Plan... | If you’re in Original Medicare... If you’re in a Medicare Advantage Plan... |
| If you have questions about Medicare or your Medicare claims, call 1-800-MEDICARE (1-800-633-4227). | Note: Use when a pub refers beneficiaries to call the Medicare contractor who handles their Medicare claims. |
| In [year], if a person has a yearly income below \$X (\$X for a married couple living together) and resources less than \$X (\$X for a married couple living together), he or she may qualify for Extra Help. | Note: Use when talking about limited income and resources. Resource limits are released in late November; income limits are released in late January. |

| Use | Instead of |
|---|--|
| <p>People with Medicare can make changes to their coverage from October 15-December 7 each year.</p> <p>If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare from January 1-February 14. If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan.</p> <p>Note: Use this language when the product talks about enrollment in Medicare plans (and isn't limited to Medicare Prescription Drug Plans)</p> | <p>Medicare Advantage Open Enrollment Period, Medicare Annual Enrollment Period</p> |
| <p>People who qualify for Extra Help can join, switch, or drop a Medicare drug plan at any time.</p> | <p>Note: Use to refer to the continuous SEP for LIS-eligible beneficiaries.</p> |
| <p>You automatically qualify for Extra Help if you have Medicare and one of these:</p> <ul style="list-style-type: none"> • You have full Medicaid coverage. • You get help from your state Medicaid program paying your Part B premiums (in a Medicare Savings Program). • You get Supplemental Security Income (SSI) benefits. | <p>Note: Use to explain who automatically qualifies for Extra Help.</p> |
| <p>If you want to compare plans, visit Medicare.gov/find-a-plan.</p> <p>Note: On the web, link "compare plans" (and don't list out the URL).</p> | <p>Note: Use to direct users to the non-Medigap Medicare Plan Finder.</p> |
| <p>If you want to compare Medicare Supplemental Insurance (Medigap) plans, visit Medicare.gov/medigap.</p> | <p>Note: Use to direct users to the Medigap Policy Search.</p> |
| <p>Notes should be written in bold, without parentheses.</p> <p>For example: Note: Plans generally send bills at either the beginning or the end of the month.</p> | <p>Instead of: (Note: Plans generally send bills at either the beginning or the end of the month.)</p> |
| <p>Visit Medicare.gov, or call 1-800-MEDICARE.</p> | <p>Note: Always list websites before phone numbers, especially in the example to the left (per the call center).</p> |
| <p>Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs.</p> | <p>Note: Use in coverage booklets.</p> |
| <p>Your Beneficiary and Family Centers Quality Improvement Organization (BFCC-QIO)</p> <p>Subsequent references: BFCC-QIO.</p> | <p>Instead of: QIO in your state</p> |
| <p>In smaller pubs with "Definitions" sections, defined words should be highlighted in a different color (usually blue, sometimes orange or red) only the first time they appear in the pub.</p> | |

Medicare plan terminology

| Plan | Refers to |
|---|---|
| Medicare Advantage Plan with prescription drug coverage | MA-PDs |
| Medicare drug plan or Medicare prescription drug coverage | All Medicare prescription drug plans (PDPs and MA-PDs) |
| Medicare health plans | Medicare Advantage and other Medicare health plans (like Medicare Cost Plans, Demonstrations, and PACE) but not Original Medicare or Medicare Prescription Drug Plans |
| Medicare health plan with prescription drug coverage | Medicare Advantage Plans that include Part D coverage (MA-PDs) and Medicare Cost Plans, Demonstrations, and PACE plans that have prescription drug coverage |
| Medicare plans | <u>Private</u> Medicare plans (MA Plans, other Medicare health plans, MA-PDs, and Medicare Prescription Drug Plans), but <u>not</u> Original Medicare. |
| Medicare Prescription Drug Plan | Stand-alone prescription drug plans (PDPs) |
| Original Medicare | Traditional Medicare (Part A and Part B) |

Mechanics

For information on mechanics, see the US Government Print Office (GPO) Style Manual: gpo.gov/fdsys/pkg/GPO-STYLEMANUAL-2008/pdf/GPO-STYLEMANUAL-2008.pdf.

Additional Resources for Writers

- Plain Language Action and Information Network: plainlanguage.gov
- Strunk and White's The Elements of Style: bartleby.com/141
- The American Heritage Book of English Usage: bartleby.com

TWITTER

INTRODUCTION

Twitter is an online social networking tool that allows CMS to deliver short pieces of information called *tweets*. Tweets are limited to 140 characters. CMS sends out tweets to provide up-to-date information on CMS' programs, initiatives, outreach campaigns and regulations.

CMS TWITTER ACCOUNTS or “HANDLES”

CMS maintains several Twitter accounts. These are referred to as Twitter *handles*. The Division of Digital Marketing (DDM) manages the following Twitter handles:

- @CMSTGov
- @MedicareGov
- @HealthCareGov
- @CuidadoDeSalud
- @IKNGov (Insure Kids Now)

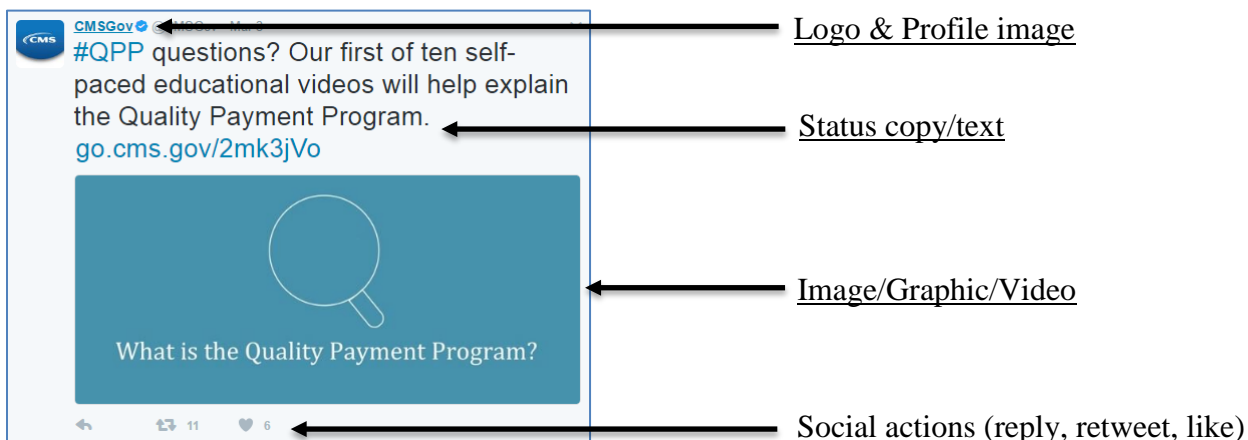
Other CMS Twitter accounts include:

- @CMSInnovates (for CMMI)
- @MedicaidGov (for CMCS)
- @CMSTGovPress (for OC's Media Relations Group)

TWITTER “TWEET” – HOW YOUR INFORMATION IS PRESENTED

CMS posts information on its above Twitter handles through tweets. A tweet may include text only messages, text with images/graphics, or text with videos. Tweets are used to provide followers with updates to a program, news, the latest research and science, and/or general health messages.

A typical tweet contains an area for copy/text and an area for an image/graphic/video.



HOW CONSUMERS “FOLLOW” CMS and RETWEET YOUR TWEETS

CMS Tweets may be *liked*, *replied to*, or retweeted by individuals with a Twitter account. To engage with a CMS Twitter handle (i.e., *like*, *reply* or *retweet* a CMS post), an individual must click on their *Log In* button located in the top right corner of page.

Once logged-in, an individual can share a CMS post on their own timeline or with a friend by clicking on the *Share* link at the bottom of a post. And, an individual may also *like* a CMS post by clicking on the *Like* button at the bottom of the CMS post.

Twitter users can also follow a CMS Twitter handle by *following* our Twitter handle. When an individual *follows* a specific CMS Twitter handle, the tweets from the CMS Twitter handle will automatically appear in the individual’s timeline. One of the goals in establishing a Twitter handle is to encourage and grow the number of fans (or followers) through page *follows*.

CONSIDERATIONS FOR USING TWITTER

When considering an outreach approach using Twitter, it is important for components/centers to consider what their goals are in using Twitter. Some example goals might be:

- Build an audience (often referred to as follower/fan acquisition)
- Increase traffic to a specific location on your web site, listserv, or to download informational products
- Promote attendance for an offline activity (like a conference or local event) or an online event (like a Webinar, Google Hangout or Twitter Chat)
- Share information with partners or other advocacy groups

In addition to trying to build an audience and grow the number of followers, components/centers must also consider what they want to measure when they use Twitter as an outreach channel. Most components/centers look at traditional Twitter measures of engagement from followers, such as tweet *replies*, *retweets*, or *likes/favorites*. See graphic below for how engagement is shown on twitter for an individual tweet. In this example, the tweet had 0 replies, 25 retweets, and 16 likes:



Components/centers must also determine when and how to respond to consumer comments (or “replies”) and monitor tweet feedback. The process of monitoring and responding to consumer comments is often referred to as *community management*. Components/centers must consider who will monitor the tweet activity, and who will respond to the comments from users. A component/center should also develop a set of pre-approved responses to anticipated questions prior to the launch of a series of tweets. See the “Responding to Public Comments” section on pages 3-4 for more information.

HASHTAGS

On Twitter, words or phrases preceded by the “#” symbol are referred to as hashtags. Hashtags are used to label and identify keywords within tweets so that other Twitter users can easily search

for tweets on a specific topic. Hashtags contain no spaces, punctuation, special characters, and are not case sensitive. Examples of hashtags used by CMS might include:

- #Marketplace
- #HealthCareGov
- #MedicareOpenEnrollment
- #JoinTheMillions
- #InsureKidsNow
- #GetCovered
- #Healthcare

CMS uses hashtags as a method for components to ensure their information can more easily be found on Twitter and within CMS-owned Twitter handles.

Clicking on a hashtagged word in any tweet shows all other posts marked with that keyword, no matter who has published them. Hashtags can be placed anywhere in a tweet. When hashtagged words become popular they are referred to as *trending*.

Example Tweet with a Hashtagged Word:

Provider Compliance Tips for #SpinalOrthoses - new Fact Sheet released as a #MLNProducts. Review it now at <http://go.cms.gov/1z3vRhd> #CMSMLN.

The example tweet above is within the 140 character limit, has a shortened URL hyperlink (<http://go.cms.gov/1z3vRhd>), and includes three hashtags: #SpinalOrthoses, #MLNProducts and #CMSMLN. When creating a hashtagged word, it is acceptable to combine words and phrases (e.g., Spinal Orthoses) to create a hashtag term for people to follow: #SpinalOrthoses. As a best practice, capitalize the first letter of each word when using two or more terms.

DDM can work with components/centers to develop unique hashtags and/or evaluate the possibility of using existing hashtags. Leveraging an existing hashtag can often increase the likelihood of engagement with a component's/center's tweets. DDM can issue an analysis report to the component/center on a monthly basis to track the performance of the tweets and hashtags.

ADDING LINKS

When creating content, please keep in mind that a URL of any length will be altered to 23 characters, even if the link itself is less than 23 characters long. This is a default setting by Twitter.

EDITORIAL CALENDAR

Prior to sending a tweet, DDM recommends that components/centers develop an editorial calendar (e.g., a schedule of messages) that includes a thoughtful and planned approach to tweets that are to be released over a two week period or longer. Components/centers should also consider how often their tweets should be posted when developing their editorial calendar (e.g., will it be 2-3x per week, weekly, monthly?).

Regardless of the frequency of the planned tweets, DDM recommends that components/centers finalize and approve their tweet content five business days prior to the scheduled posting. DDM recognizes that no two components/centers and their editorial calendars will be exactly alike. Some components, particularly those with a well-established annual routine, may work from a high-level annual calendar of tweets and refresh content for their editorial calendar several weeks in advance of the scheduled posting. Other components may be developing their editorial calendar for the first time for a new CMS initiative and may need more flexibility in their calendar.

508 COMPLIANCE

CMS Tweets must meet 508 compliance requirements. All videos and images must be tagged/captioned. Appropriately tagging/captioning images and videos allows for the information in the video to be accessible to persons with disabilities. The *CMS Policy for Section 508 Compliance 3/28/2008* states that CMS must ensure that all electronic communications acquired, created, or used by CMS must be accessible to persons with disabilities.

COMMENT AND “LIKING” POLICY

In general, CMS permits followers to comment or “reply” to CMS-generated tweets. In accordance with the [CMS Social Media Privacy Notice and Comment Policy](#), CMS may block a Twitter follower from any of our CMS handles if they send a threatening or inappropriate comment to CMS. Individuals will also be blocked if they send tweets or comments that include threats of violence, discriminatory, racist, offensive, obscene, inflammatory, unlawful, or otherwise objectionable statements, language or content.

RESPONDING TO PUBLIC COMMENTS

CMS staff can respond to appropriate questions on social channels when they can be answered with pre-approved content/links from a CMS web site. CMS staff should never respond to informal comments or posts nor attempt to answer questions about a commenter’s specific health care or coverage situation. In some cases, CMS staff may respond to a commenter by suggesting the commenter contact the appropriate call center (e.g., 1-800-MEDICARE for Medicare issues or 1-800-318-2596 for Marketplace issues). A helpful tool is a “messaging matrix.” It’s a quick reference guide that consists of FAQs and other sources of information that is used by staff to answer questions. DDM staff can assist with the development of a messaging matrix.

PARTICIPATING IN A TWITTER CHAT

What is a Twitter chat?

A Twitter chat is a public Twitter conversation that uses a unique hashtag in all tweets that represents the chat’s topic or theme. Participants and followers of the Twitter chat typically follow the conversation using a unique hashtag, which is created just for these types of online events. Twitter chats are often a series of chats that occur on a regular basis.

A host or moderator will generally post questions to prompt responses from participants. The questions will include the terms “Q1,” “Q2,” etc. at the start of each posted question and will include the Twitter chat’s unique hashtag. Those who choose to answer the questions do so by adding a corresponding prefix to their answer (“A1,” “A2,” etc.) and also include the unique hashtag in their responses.

How to participate in a Twitter chat:

If you have been asked or would like one of CMS's social channels to participate in a Twitter chat, here are some guidelines to follow:

1. Allow for enough advance notice so that DDM staff can be available for the chat.
DDM staff will need to be available to participate on the scheduled date and time of the chat. We request at least 1 week's advance notice to ensure we have staff available and can participate on behalf of CMS.
2. Know the host of the chat.
Be sure you are familiar with the host of the chat. Is the host a known expert in the field or of the topic being discussed? Is the host a non-profit, a government entity, or a reliable public entity? CMS's participation in a Twitter chat cannot be interpreted as supporting or endorsing an organization, its services or products.
3. Determine suitability & review and answer the questions.
Which Twitter handle is best suited to the discussion: @CMSgov, @Healthcaregov, or @CuidadodeSalud? Which question(s) can we answer? Have the answers been reviewed/cleared by a subject matter expert (SME) and group director to ensure their accuracy? DDM staff will review all answers for formatting (A1, A2, etc., use of the Twitter chat hashtag, character count) and content.
4. Participate in the chat.
You can follow along or arrange with DDM staff to participate in the chat together. DDM can show you how to follow the conversation on tools like tweetdeck.twitter.com. Following the discussion and retweeting other handles' tweets is an important part of participating in Twitter chats.

PROCESS FOR POSTING TWEETS

- Tweets are generally posted according to an approved editorial calendar. DDM will work with each component/center to develop an appropriate editorial calendar.
- DDM requests that editorial calendars are submitted to appropriate contact **five** business days prior to posting.
- Ad-hoc or short notice tweets may be posted outside the editorial calendar schedule assuming the tweet has been approved.
- Depending on DDM staffing and other priorities, it may take an extra day or two to post ad-hoc or short-notice tweets that are submitted outside of the editorial calendar schedule.
- One designated person from the component/center should be the point of contact between the component/center and DDM and will be responsible for maintaining the component's/center's editorial calendar and submitting any tweet requests.
- Ad-hoc or short notice tweets should be sent by via email to CMS Social Media Specialists (see Key Contacts at the end of this document) using the format below.

Note: DDM reserves the right to omit content if it's off brand or off target for the intended audience.

TWITTER SUBMISSION FORMAT

When submitting social media content, DDM requests that you use the Social Media Request Form found [here](#). Please fill out form and email to appropriate Key Contact. If you're including an image, gif or video, attach or include link with request email.

| Requester Name | | Center/Office | Email | | Approver Name | |
|----------------|----------------------|-----------------|-------|--------------------------|---------------|-----------|
| CHARACTER # | SOCIAL CHANNEL | DATE (MM/DD/YY) | COPY | IMAGE | LINK | FILE NAME |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |
| 0 | <input type="text"/> | | | <input type="checkbox"/> | | |

TWITTER BEST PRACTICES

- Create Interesting Tweets.** Combine useful content with an engaging tone and a visual, if possible. Adding a bold image, video, or GIF to your Tweets leads to higher Tweet engagement rates. In fact, people are three times more likely to engage with Tweets that contain videos and photos.
- Keep Tweets Short and to the Point.** Think of a tweet as a news headline. The tweet should have a clear call-to-action. What’s the one thing you want your audience to do? Because tweets are limited to 140 characters, they can be viewed almost anywhere, particularly on mobile devices. Some research has shown that tweets that are 120 characters or less may be more successful.
- Send Timely Tweets.** Tweets should be posted with consideration to their timeliness (e.g., associated with a health month, a CMS-specific event, a news release) as well as the demographics of who is targeted, including geographic location.
- Post Tweets Consistently.** Tweet frequency depends on the audience, purpose and business objectives. Staying relevant and top-of-mind with your target audience is important. An editorial calendar will help you maintain relevancy and help you build rapport and trust with your audience.
- Be careful with Twitter shorthand.** CMS generally does not use Twitter shorthand such as: “u”, “ur”, “brb”, “b4”, “lol” or emoticons. However, some exceptions may occur. Check with DDM staff on the use of acceptable shorthand.
- Posting photos or GIFs on Twitter.** See below link for file sizes, types and FAQs: <https://support.twitter.com/articles/20156423>

TWITTER CHECK LIST

- Tweets are cleared by the subject matter expert (SME) and group director prior to being sent to DDM.
- Tweets have a 140 character limit including spaces and links. Links by default are 23 characters regardless of length. Videos or images don’t count towards the character limit.
- Tweets should not use shorthand, if possible (e.g., Do not use “ur” for “your”).
- There are no spaces or special characters in hashtagged words.

- Proof tweets multiple times.
- Information and links (URLs) are correct.
- An individual has been assigned to monitoring the Twitter handle.
- An editorial calendar has been developed two weeks ahead of scheduled posts.

CREATING A NEW TWITTER HANDLE

Establishing a Twitter handle for a CMS component/center is an involved process. The component/center will need to present a strong business case for establishing their own handle and commit resources to ensure the Twitter handle is maintained and active. The business case needs to include:

- Why does the component/center need its own Twitter handle? Include purpose and goals
- A well-defined target audience and a plan to grow a sizeable audience
- A message approval process
- A staffing plan including the use of any external/contractor resources
- A plan to develop content, including an editorial calendar
- A plan for community management, i.e., responding to public comments, including pre-approved responses to anticipated comments or questions
- A plan for analyzing results

DDM will work with the component/center to refine and finalize the submitted business case. The Office of Communications (OC) front office will review the finalized business case and either approve or deny the request. If approved, under no circumstances, should a CMS component/center/division create/register their handle directly via twitter.com. The actual creation/registration process must be initiated with OC who will work with HHS ASPA Digital to ensure the new twitter handle adheres to the Federal terms of service between HHS and the social media vendor.

Because establishing a component-/center-specific Twitter handle requires extensive planning and resources, DDM will often recommend that components/centers utilize existing CMS Twitter handles and develop tweets using hashtags that reference their initiatives. These hashtagged tweets are then published on the appropriate, existing CMS Twitter handle according to the intended audience and the existing schedule of tweets. See [Hashtag section](#) of this document on page 2.

SOCIAL MEDIA RESOURCES

| | |
|--|---|
| Health and Human Services (HHS) Social Media | http://www.hhs.gov/web/socialmedia/ |
| Health and Human Services (HHS) Social Media Considerations | http://www.hhs.gov/web/socialmedia/getting_started/social_media_considerations.pdf |
| Health and Human Services (HHS) Twitter Guide | http://www.hhs.gov/web/socialmedia/getting_started/twitter_guidance.html |
| Centers for Disease Control and Prevention (CDC) Guide to Writing for Social Media | http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf |

Web Writing Guide

The content in this document is specific to web content. Many other principles for web writing are also principles for sound professional writing. Guidelines and standards for those principles exist in the [Plain Language Style Guide](#) and the DCD Style Guide. Contact DCD for the latest version of the DCD Style Guide.

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Common terms

- 5-star ratings
- 8-month period
- active-duty service members
- competitive bidding
- Competitive Bidding Program
- customer service representative
- durable medical equipment
- Email
- eHandbook
- eNewsletter
- Federal—capitalize only when part of a name (the Federal Reserve)
- health care
- HMO Plan
- late enrollment penalty
- Mail-Order Program
- Medicare Advantage Plan with prescription drug coverage
- Medicare drug plan
- Medicare prescription drug coverage
- Medicare Prescription Drug Plan
- Medicare & You
- Medicare & You handbook
- website
- ZIP code
- mail-order
- Part A-covered services
- Part B-covered services
- Part A- and Part B-covered services

Headings & headlines

- Use sentence case (only capitalize the first word in the sentence and proper nouns, programs, or titles normally capitalized)
- Use “you” in headings instead of “I”
- Use numerals instead of spelling out numbers. Exception: spell out “one” when it stands alone
- Don’t use end punctuation at the end of the sentence other than question marks
- Use 8 words maximum
- Avoid using non-descriptive text like “Introduction,” “Overview,” “Welcome”
- Use “&” instead of “and”

Punctuation

Ampersands (&): Use instead of “and” in headlines, labels, and titles only.

Commas: Use a serial comma before the conjunction in a series (for example, “apples, bananas, and oranges”).

Colons: When terms are part of a list and followed by more information, use a colon to separate the term from the additional information. (for example, “Blood: Medicare covers 3 or more...”).

Dashes:

- Use en dashes (–) in numerical ranges, like dates, ages, pages (for example, pages 1–4).
- Use em dashes (—) to represent a sudden change in thought or tone.

Numbers:

- Ordinal numbers (first, second, third...): spell out when smaller than 10th.
- Figures:
 - Use for 10th and above
 - Use for all numbers not ordinal. Exceptions: spell out “one” if it’s the first word of a sentence or part of a compound modifier (for example, one-time scenario).

Percentage : Use the % symbol unless there isn’t a specific percentage amount or it’s at the beginning of a sentence (in which case, spell out the number, too).

Time: Use a.m. and p.m. (for example, 10 a.m. or 10 p.m.).

Lists

Numbers versus bullets: Use numbers for any text describing steps or a process. Use bullets to break out any itemized nonsequential list with 2 or more items.

Capitalization: Always capitalize the first letter of each list item.

Punctuation: Use periods to end complete sentences (phrases won’t have periods).

Links

- Eliminate “www.” as long as URL works without it.
- Use capital letters for CMS websites (examples: Medicare.gov, Medicaid.gov, Marketplace.cms.gov, CMS.gov, HealthCare.gov, Data.medicare.gov).
- Use lowercase letters for all other websites (like socialsecurity.gov) unless capitalization is a part of their branding (like IRS.gov).
- When citing videos, hyperlink the whole sentence. Then, add the word “video” in parentheses at the end (for example, Watch a video on how to spot and report fraud. (video)). Do NOT add the word “video” behind the title of a video on the homepage.

- Use clear labels so there’s no need for explanatory text. (Example: [4 things to know about the “Welcome to Medicare exam”](#) – ~~this resource will help consumers understand the key elements of the “Welcome to Medicare” physical exam benefit. Download PDF.~~ (Because the title is descriptive, the explanation is unnecessary.)
- Avoid generic language like “Learn more here,” “Get more information,” “Click here,” “Page,” and “Article.”
- Avoid jump links
- Avoid using the page’s URL as the hyperlink text in most cases (although there are legitimate uses of this, like referencing a new website’s address).
- Adhere to CMS’ linking policy when linking to external sites (available on CMS.gov)
- Avoid using the term “tool” when linking to the Plan Finder or other Medicare applications (see “How to refer to Medicare tools” section below). If you do refer a tool, do not use sentence case since the tool name is a proper noun. (Example: Home Health Compare).

How to refer to Medicare tools

| Use this | Instead of this |
|--|---------------------------|
| Find doctors & other health professionals | Physician compare |
| Find nursing homes | Nursing home compare |
| Find hospitals | Hospital compare |
| Find home health services | Home health compare |
| Find dialysis facilities | Dialysis facility compare |
| Find health & drug plans | Medicare plan finder |
| Find suppliers of medical equipment & supplies | Supplier directory |

Forms

- Have a guide at the top of the form to show how many pages the form is and current page.
- Labels: Use 1 or 2 words to describe what’s needed. Labels go above the text box. Only capitalize the first letter of the first word.

- First name, Last name, Street address, City, and Email fields should all have infinite amounts of character space.
- State field should be a drop-down option with all states and territories spelled out and shouldn't be in all CAPS (e.g. "Alaska" not "ALASKA").
- ZIP code field should hold up to 9 characters, with a dash after the 5th place.
- Phone number field should be 12 characters. Directly under phone number should be an example of how the user should input their phone number.
- Every date input field should be a drop-down option. There should be 3 drop-down options; for month, day, and year, respectively. Months should be their 3 letter abbreviations. Day should range from 1 to 31. Year should range from 1895-2012.
- There should always be options to return, continue, and view Privacy and Security information.
- Information should go vertically, except when fields are usually grouped together (City, State, ZIP code).
- Put the fields in the order that people would normally write (for example, first name then last name).
- For required fields, bold the label and add a red asterisk. Note at the top of the form that the asterisk indicates a required field.
- If there's a skipped required field or incorrect format entry, an error should appear at the top of the form after the user tries to submit it. The error message should be in red and give direction to fix the mistake (see example below).

The screenshot shows a web form with three tabs at the top labeled 1, 2, and 3. Tab 1 is active. The form fields are as follows:

- Last name***: Input field containing "smith", followed by a "Suffix" dropdown menu.
- Date of birth***: Three dropdown menus showing "Oct", "13", and "1946".
- ZIP code***: Input field containing "21048".
- Medicare number***: Empty input field. Below it, text reads "(enter without hyphens)". A blue link says "Where can I find my Medicare number?". A red error message below that reads "Error: Please enter a valid Medicare Claim Number".
- Effective Date for Part A***: Two dropdown menus showing "Aug" and "2015". Below it, a blue link says "Don't have Part A?".

A blue "Next" button is located at the bottom left of the form. At the bottom left of the page, there is a note: "* = required".

Other conventions

- **Abbreviating common terms:** abbreviate common terms like "boulevard" to avoid creating unnecessary vertical lines that don't add value.
- **Active voice:** use active voice instead of passive voice unless there are SEO reasons for using passive voice. Refer to WNMG's SEO guidelines for more information.
- **Bold:** avoid using to comply with Section 508 requirements.
- **Caps:** avoid using all capital letters for emphasis.
- **Contractions:** always use contractions (for example, "you're" or "don't")
- **Glossary links:** hover to glossary terms definitions at first use. Do this a maximum of once per term per page (and only if the mouse-over/hover definition adds value).
- **Instructions:** Limit introductory text or instructions to an absolute minimum. Remove filler. If we write clearly and signpost pages, purpose and meaning should be clear without extensive introduction. Example of introductory text to delete: "The links provided below offer information to help you better understand Medicare claims."
- **Italics:** avoid using italics for emphasis.

- **Login:** use as a noun to refer to the characters you use to log in to a site. (Example: “If you need to change your login...”)
- **PDFs:** avoid links to PDFs—the only PDFs on site should be the publications posted in the pubs tool.
- **Phone numbers:** refer to phone numbers sparingly – try to guide users to web solutions first, like links to a form, rather than telling them to call 1-800-MEDICARE.
- **Publication, mailing, or notice titles:** Use quotes and initial caps (for example, “Medicare Summary Notice”). Don’t use quotes when abbreviating a title (for example, MSN).
- **States:** spell out name instead of using 2-letter postal abbreviation.
- **Street Names:** spell out words instead of abbreviating (for example, use “Road” and “Avenue”, not “Rd.” and “Ave.”).
- **Tables:** Use sparingly because of Section 508 and mobile issues.
- **Show, don’t tell:** Avoid language like “this explains...” or “this page makes it easy.” The content should explain itself without this type of content.

YOUTUBE

INTRODUCTION

Online video sharing sites such as YouTube for sharing information via video format. CMS YouTube channels can be a useful mechanism to support CMS components/centers in disseminating information in video format about new programs, current programs, important registration periods, new research and science, and health messages.

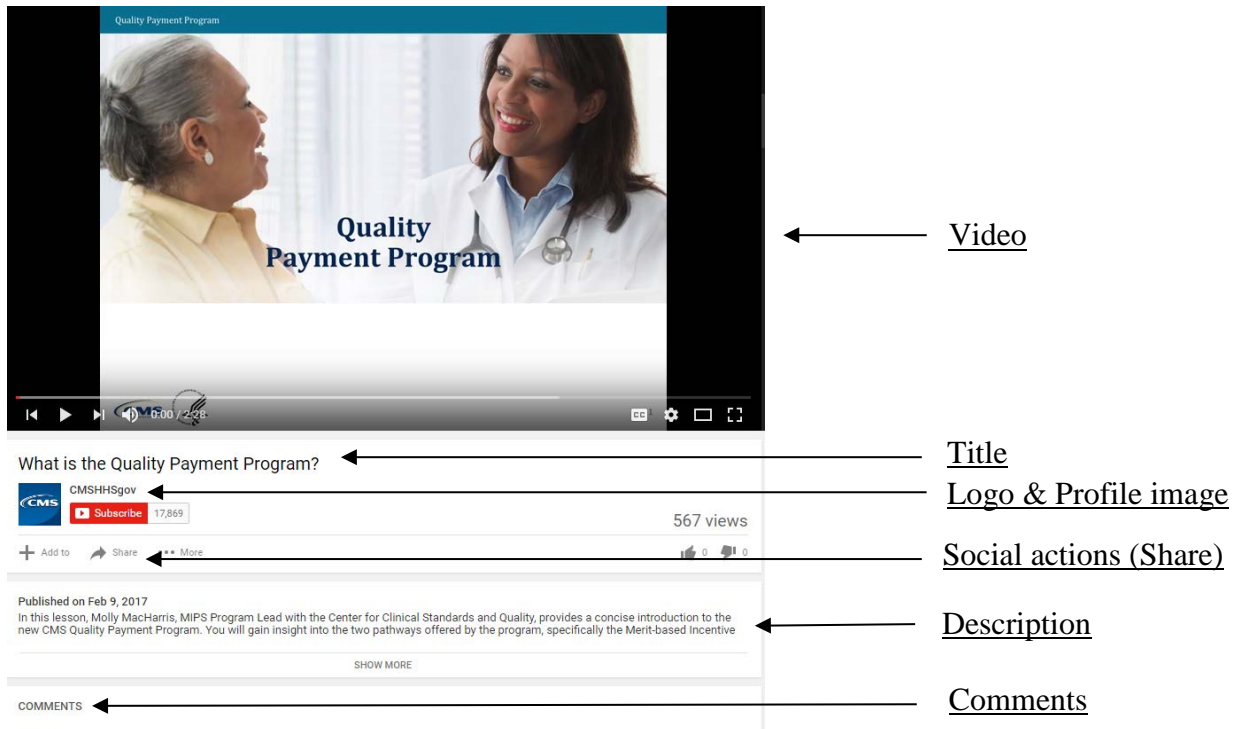
CMS YouTube CHANNELS

CMS has two YouTube channels which are co-managed by the Office of Communication's Division of Digital Marketing (DDM), and the Division of Studio Productions (DSP):

- HealthCare.gov (<https://www.youtube.com/user/HealthCareGov>)
 - For videos related to the Health Insurance Marketplace at HealthCare.gov.
- CMSHHS.gov (<https://www.youtube.com/user/CMSHHSgov>)
 - For videos relating to all other CMS programs.

Both the DDM and the DSP are capable of uploading videos onto CMS' YouTube channels. To date, the CMS YouTube channels house nearly 2,000 videos.

YOUTUBE VIDEO – HOW YOUR INFORMATION IS PRESENTED



The image shows a screenshot of a YouTube video player interface. The video player itself is at the top, showing a video titled "Quality Payment Program" with a thumbnail of a doctor and an elderly woman. Below the player, the video title "What is the Quality Payment Program?" is displayed. Underneath the title is the channel name "CMSHHSgov" with a logo and a "Subscribe" button showing 17,869 subscribers. To the right of the channel name, it says "567 views". Below this are social action buttons: "Add to", "Share", and "More". Underneath these buttons is the video description, which starts with "Published on Feb 9, 2017" and "In this lesson, Molly MacHarris, MIPS Program Lead with the Center for Clinical Standards and Quality, provides a concise introduction to the new CMS Quality Payment Program. You will gain insight into the two pathways offered by the program, specifically the Merit-based Incentive". Below the description is a "SHOW MORE" link. At the bottom of the screenshot, the "COMMENTS" section is visible. Arrows point from text labels on the right to these various elements: "Video" points to the player, "Title" points to the video title, "Logo & Profile image" points to the CMSHHSgov logo, "Social actions (Share)" points to the share buttons, "Description" points to the video description text, and "Comments" points to the comments section header.

YOUTUBE

CREATING A YouTube VIDEO

Using online video is intended to be one piece of a larger, integrated communications strategy or campaign. In order to create a video, it is important to clearly define the objectives of the video(s). Is the goal to highlight content, spark action, or encourage awareness of an issue? Prior to developing a video, the component/center must determine if a YouTube video is the ideal channel to help meet larger communication goals. Additionally, the component/center must identify the target audience(s) in order to develop a video with the communicative style and messaging that resonates with the audience.

As a component of a video strategy, the component/center must create an evaluation strategy to measuring the YouTube campaign's success. Basic YouTube metrics include monitoring the number of times each video has been viewed and reviewing viewer comments and questions. YouTube Insights is an analytic and reporting product that provides additional metrics about uploaded videos.

Finally, components/centers must identify a point of contact. It is important to designate a point of contact to work with DDM to review and potentially respond to comments received on CMS' YouTube videos (also known as *content moderation*).

YouTube FILE FORMATS

Videos may be submitted to DDM via a file sharing site in the following file formats:

- MP4 (Preferred)
- MOV (Preferred)
- AVI
- WMV

When submitting a video, components/centers must also include a Subrip Text (.SRT) file. The .SRT file allows DDM to appropriately caption YouTube videos. A .SRT file contains formatted lines of plain text for creating subtitles for the video and also ensures that CMS meets its 508 Compliance obligations.

If the video is produced by CMS' Division of Studio Productions (DSP), the studio will produce the .SRT file. If the video is produced by a contractor, the contractor must provide the .SRT file. Please contact DDM to ensure the proper technical specifications are met for any submitted SRT files.

YouTube PLAYLISTS

The CMS YouTube channels are organized in a *playlist* format. A *playlist* is a collection of videos that are grouped together by a similar subject matter. These logical groupings of related content are more likely to appear in search results and as a result, increase the likelihood that component/center videos reach the target audience. Also, YouTube creates a link for your playlist so the component/center can promote their playlist instead of just one video (e.g., [a the playlist for HealthCare.gov-related videos: https://www.youtube.com/playlist?list=PLUsIxKz-YuCgoNUfPZ0knamlawFgFuVYD](https://www.youtube.com/playlist?list=PLUsIxKz-YuCgoNUfPZ0knamlawFgFuVYD)). All component/centers may request to have a playlist

YOUTUBE

created for their content (e.g., Medicare Open Enrollment, Medicare Learning Network, ICD-10, etc.). However, in order for a playlist to be created, CMS generally requires at least three videos posted on the same topic. These videos do not have to be posted at the same time.

508 COMPLIANCE

CMS YouTube videos must be captioned in order to meet 508 compliance requirements. Appropriately captioning videos allows for the information in the video to be accessible to persons with disabilities. The *CMS Policy for Section 508 Compliance 3/28/2008* states that CMS must ensure that all electronic communications acquired, created, or used by CMS must be accessible to persons with disabilities.

COMMENT POLICY

In general, CMS permits followers to comment or reply to videos. Comments that violate CMS' policy will be deleted. These comments include comments that are: threatening or inappropriate, include threats of violence, discriminatory, racist, offensive, obscene, inflammatory, unlawful, or otherwise objectionable statements, language or content.

DDM will work with the component/center to determine how to respond to comments. DDM periodically checks comments on videos, but given the sheer volume of videos on our YouTube channels, cannot always find comments or reply in a timely manner. As such, components should also periodically check their playlists for comments and work with DDM to craft timely responses.

PROCESS FOR POSTING VIDEOS

- Videos must be approved by a group director or an assigned division director within the appropriate CMS component/center.
- Videos are generally posted within **three** days of being submitted to DDM.
- Submissions for the Health Insurance Marketplace YouTube channel (Healthcare.gov) should be sent to DDM.
- Submissions for the CMS YouTube channel should be sent to DDM.
- Because video files are large, DDM may request that videos be loaded to a shared drive instead of being sent through email.
- Video submissions must include the information in the table below.

YouTube SUBMISSION AND TAGGING INFORMATION

| | |
|--|--|
| Submission Date | |
| Name of the Person Submitting the Video | |
| Component/Center | |
| Email | |

YOUTUBE

| | |
|--|--|
| Phone | |
| Component/Center Approving Official | |
| Date(s) to post the Video(s) | |
| Date to remove the Video(s) (if no date given, videos will be reviewed in 1 year for potential removal) | |
| Purpose & Audience (e.g., updates for Medicare beneficiaries, training for partners, information for caregivers, providers) | |
| File Name of the Video(s) | |
| .SRT File Name(s) | |
| Title of the Video (as it will appear on YouTube) A descriptive heading describing the content of the video that allows users to understand the video’s purpose and content. (55 Character Limit) | |
| Video Description A brief explanation of the video with a description that is accurate and interesting and allows potential viewers to distinguish from other videos. (1,000 Character Limit) | |
| Video Keywords or “tags” Keywords used by viewers to easily locate the video and are also used by search engines to determine the video search results ranking. Keywords may include names of speakers, subject of the video, unique terms mentioned in the video, etc. (450 Character Limit) | |

VIDEO MAINTENANCE/REVIEW

DDM will review component/center videos annually to ensure the YouTube videos are still relevant to the target audience. In addition to content relevancy, videos with extremely low views (e.g., less than 100 per year) may be considered for removal.

YouTube BEST PRACTICES

Using online video is intended to be one piece of a larger, integrated communications strategy or campaign:

- **Keep Video Content Simple, Short, and Engaging.** Avoid using acronyms, jargon, technical information and detailed charts and graphs. Use simple, easy-to-follow “stories” with a single message or call to action. Most videos can accomplish their goals in 30 or 60 seconds.
 - **Note:** CMS training videos tend to be longer than 60 seconds; consider ways to edit and/or make longer videos into a series of shorter videos.

YOUTUBE

- **Identify A Web Link.** Include a specific URL at the end of the video to guide the user to additional information on the topic.
- **Establish A Promotion Plan.** Identify how the component/center will promote the video(s). Examples include:
 - Work with DDM to promote the video to channel subscribers.
 - Send GovDelivery email updates.
 - Send emails to partners and grantees.
 - Cross-promote the videos on other CMS social media channels (e.g., @CMSSGov twitter, @HealthCareGov).
- **Provide a Video Thumbnail when Submitting A Video.** A static that image users will see on the YouTube channel before clicking on it to play the video.
- **Develop an Interesting Video Name that Fits in with the Playlist.** Consider the playlist approach when developing an interesting playlist name for the video(s).
- **Provide meaningful and targeted video tags.** When submitting the request provide a clear concise list of keywords that are directly associated with your project, so the video has the best possible chance of being found through a Google search.

VIDEO CHECKLIST

Using online video is intended to be one piece of a larger, integrated communications strategy or campaign:

- Objectives are clearly defined.** Is the goal of the video to highlight content, spark action, or encourage awareness of an issue? Clarify the objectives first and determine if a YouTube video is the ideal channel to help meet larger communication goals.
- Know the Target Audience(s).** It is important to define the target audience(s) in order to develop and communicate messages that resonate with the audience and prompt them to take action.
- Determine a Point of Contact.** It is important to designate a point of contact to work with DDM to review and potentially respond to comments received on CMS' YouTube videos (also known as *content moderation*).
- Branding.** All videos must contain the appropriate CMS and HHS logos. Co-branding and the use of additional logos may also be incorporated in accordance with CMS Brand Identity Standards.
- **Establish an Evaluation Plan.** Evaluation is an integral component of measuring the success of all social media activities. Basic YouTube metrics include; monitoring the number of times each video has been viewed and reviewing viewer comments and questions. *YouTube Insights* is an analytics and reporting product that provides additional metrics about uploaded videos.

YOUTUBE

SOCIAL MEDIA RESOURCES

| | |
|--|---|
| Health and Human Services (HHS) Social Media | http://www.hhs.gov/web/socialmedia/ |
| Health and Human Services (HHS) Social Media Considerations | http://www.hhs.gov/web/socialmedia/getting_started/social_media_considerations.pdf |
| Health and Human Services (HHS) Twitter Guide | http://www.hhs.gov/web/socialmedia/getting_started/twitter_guidance.html |
| Centers for Disease Control and Prevention (CDC) Guide to Writing for Social Media | http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf |